Case 1:06-cv-00062-MEF-TFM SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature A. Signature A. Signature Addressee Addressee C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
Article Addressed to:	
STACY VOGLE ATTN: SAM STREETER 10333 RICHMOND, AVE., STE 600 HOUSTON, TEXAS 77042 (REGISTERED AGENT)	3. Service Type Certified Mail Registered Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
2 Article Number 700	2 D&LO DOD& 4125 LLO5 c Return Receipt

PS Form 3811, February 2004